

DATA ITEM DESCRIPTION

Title: Monthly Status Report

Number: FPRI-080

Approval Date: 20031201

AMSC Number:

Limitation:

DTIC Applicable: No

GIDEP Applicable: No

Office of Primary Responsibility: CEHNC-OE-CX

Applicable Forms:

Use/Relationship: The Monthly Status Report will be used to provide summarized performance information and statistical exposure data for program management purposes.

- a. Data included on the monthly status report will be reported for all Task Orders in a summary format.
- b. The Monthly Status Report will be submitted no later than 10 calendar days following the reporting cut-off date. Reports will reflect data as of the last working day of the week that includes the end of the calendar month. If the calendar month ends on a Sunday, the report will end on the previous week's last working day.
- c. Exposure data is required by EM 385-1-1.

Requirements: The Monthly Status Report, consisting of a progress report and an exposure data report, shall be prepared in accordance with this Data Item Description (DID). Additional reporting requirements may be specified in individual Task Orders. The reports shall be submitted on 8.5 x 11-inch plain bond paper or corporate letterhead. Multiple sites may be on the same page, but shall be listed separately on the form.

1. A **Munitions Response Monthly Progress Summary** report covering all individual Task Orders shall be provided as indicated in Table 1. The projects/Task Orders shall be grouped and reported by types indicating both a work category and technology used by a Roman numeral and Arabic letter, as best described using the following:

Work Category	Technology Type
I: Surface removal only	A. Geophysical Instrument w/analog readout
II: Sampling effort only (detection and confirmation)	B. Geophysical Instrument w/digital recorder
III: Geophysical mapping effort only (no confirmation)	C. Geophysical Instrument w/digital navigation system
IV: Subsurface removal	D. Geophysical Instrument w/multi-sensor system
V: Construction Support	E. Visual Only

Note: The required column for Acres Sampled will include the total number of acres on which all of the planned sample grids/transects have been completed (all data collected). Do not indicate the total grid/transect area of the sample grids/transects that are completed.

2. An **Exposure Data Report** shall be prepared covering all individual Task Orders. (Note: This report does not negate the requirement to submit an ENG FORM 3394 to report an accident). The report shall include the following information:

2.1 Title of Report (e.g., "EXPOSURE DATA REPORT")

2.2 Month and year for which the report is made.

2.3 Contract Number/Task Order/Project Name/Site Name and Location. Report each Task Order on a separate line on the form.

2.4 Hours worked in direct support of the contract (by all personnel) during the reported month, and cumulative. (Do not report hours expended on corporate personnel issues, payroll, etc.) Do report hours expended by subcontract personnel in direct support of the contract.

2.5 Total number of lost workday accidents during the reported month, and cumulative.

2.6 Total number of lost workdays due to on-the-job accidents during the reported month, and cumulative.

2.7 Number of property damage accidents (includes vehicles) with property loss value of \$2,000 or more, during the reported month, and cumulative.

3. Signature, Title and Date: A Corporate Manager shall sign and date both the progress report and the exposure data report. The reports shall be submitted under a single letter of transmittal to the Contracting Officer, with 2 copies furnished to USAESCH, ATTN: CEHNC-OE-S.

4. End of DID FPRI-080.

TABLE 1
OE MONTHLY PROGRESS SUMMARY
MONTH OF _____, 20 ____

Contractor:_____

Contract Number: _____ Page ____ of ____

Project Location	Task Order #	Task Order Type	Total # Grids to be Cleared	Grid Size (Ac.)	# Grids passing QC Mo. Total		# Grids passing QA Mo. Total		# Grids failing QC Mo. Total		# Grids failing QA Mo. Total		Acres Geophy. Mapped Mo. Total		Acres Sampled Mo. Total		Cost of Work Completed
Totals																	

Prepared By: _____ Title: _____ Date: _____